

Case Number:	CM14-0133545		
Date Assigned:	09/18/2014	Date of Injury:	10/03/1996
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. ODG supports a total of up to 6 visits over 2 weeks for recurrences/flare-ups. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral pain, pain in joint, neck pain, and thoracic pain. In addition, there is documentation of previous chiropractic therapy treatments, functional deficits, and functional goals. However, despite documentation previous chiropractic therapy decreased pain scale, restored function, and improved quality of life, there is no (clear) documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Office visit for lumbar, cervical, and thoracic complaints due to flare-up #4 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Office visit for lumbar, cervical, and thoracic complaints due to flare-up qty:4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM: Medical Examinations and Consultations; Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation

Decision rationale: MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. ODG supports a total of up to 6 visits over 2 weeks for recurrences/flare-ups. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral pain, pain in joint, neck pain, and thoracic pain. In addition, there is documentation of previous chiropractic therapy treatments, functional deficits, and functional goals. However, despite documentation previous chiropractic therapy decreased pain scale, restored function, and improved quality of life, there is no (clear) documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Office visit for lumbar, cervical, and thoracic complaints due to flare-up #4 is not medically necessary.